

COVID -19 Testing Results Notification RFP
Responses to Prospective Vendor Questions
Illinois Department of Public Health

March 18, 2021

All questions have been reviewed and answers in this document are the determination and final response from the agency. All prospective vendors are reminded to read and review all questions and answers thoroughly prior to submission of any proposal response.

Current Process Questions (31)

1. How are test results provided to citizens / residents at this time?

Residents who register for testing via the patient portal receive results via the portal and are opted out of receiving a phone call or letter. Test results for these residents are not sent to the vendor. Results for residents who do not utilize the patient portal or who request to receive results by phone are sent to the vendor who then provides results through phone calls and letters.

2. Has a contractor/vendor provided test results previously?

Yes.

3. Is a contract providing the service at this time?

Yes, a vendor is currently engaged to provide this service.

4. Is a Contractor currently performing these services or is IDPH performing them in-house?

A vendor is providing these services.

5. Is there a current Contractor, does the scope of work in that contract differ from the scope of work outlined in the RFP?

Yes, there is a current Contractor. No, the RFP scope of work does not differ.

No.

6. Who is the incumbent, and how long has the incumbent been providing the requested services?

Envolve, Inc. has provided these services since April 13, , 2020.

7. Has the current contract gone full term?

The contract term is until April 12, 2021.

8. Have all options to extend the current contract been exercised?

The current contract can only be extended for the period of time necessary to achieve a smooth transition to the new vendor.

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9. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

IDPH satisfaction level with other vendors is not applicable to this RFP.

10. How are fees currently billed by any incumbent(s), by category and at what rates?

Current billing by incumbents is not applicable to this RFP.

11. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

Current contract payment information is not applicable to this RFP. This RFP does not include payment specifics to ensure IDPH's ability to obtain the most competitive pricing. Information regarding payments to IDPH's current vendor can be obtained through a Freedom of Information Act (FOIA) request using the website link, <https://www.dph.illinois.gov/foia>

12. How long is the average script for negative cases? How long is the average script for positive cases?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

13. What is the average/typical weekly volume of mailing?

Volume for mailing is included in Appendix A.

14. What is the current telephony platform utilized?

The current vendor uses a platform developed in-house.

15. What is the current number of seats for operators and supervisors at your existing call center?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

16. What is the current average wait time for phone calls?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

17. What is the current average handle time for phone calls and other types of communications?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

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18. What is the current average after-call work time for operators?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

19. Over the past year, what is the percentage of calls received in English versus non-English?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

20. Over the past year, what percentage of calls received were in Spanish?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

21. What time of day, days of the week, or times of the year do calls typically peak?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

22. What proportion of inbound calls are the result of callbacks following an outbound call versus some other reason?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

23. Appendix A - Were all inbound calls answered?

No. A small percentage of calls were abandoned.

24. What percent of outbound calls result in a successful result communication on the 1st, 2nd, 3rd, 4th, and 5th attempt? Of these, what proportion of results are delivered via recorded message versus live agent?

IDPH does not have information on the success of each call attempt.

Results are not provided via recorded message. Recorded messages instruct the resident to call back.

25. Appendix A – Are inbound calls a result of an outbound automated call?

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Some inbound calls are in response to an automated call. Residents are provided the call-in number at the point of testing and therefore may make an inbound call without having first been called by the vendor.

26. Appendix A – Does the column for the test volume include the volume of inbound calls?

The test volume is the number of tests completed by labs with results reported through the vendor. Some of those tests will result in inbound calls.

27. Appendix A – Do outbound calls reflect manual outbound calls? Are there any automated call volumes in this column?

Outbound calls include both automated and manual calls that result in contact with the resident.

28. Appendix A – Is the Contractor permitted to use a robo message to deliver test results?

The vendor may use a message to ask the resident to call back for results. Voicemails with results are not permitted.

29. What is the averaged handle time for agent handled calls?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

30. What is the average handle time for live calls?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

31. Are call reports available? If so, would IDPH please provide monthly call reports for the last six months?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

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General Questions (20)

1. Why has this bid been released at this time?

The contract which was entered into with the current vendor included multiple state agencies besides the Illinois Department of Public; this contract will be expiring soon. The disaster proclamation circumstances have changed from when the original contract was entered. IDPH will be the only state agency the vendor contracts with under this RFP. IDPH disaster proclamation procedures require that a replacement contract be competitively bid.

2. To ensure a fair and competitive response, any new vendor would need time to work through the interfaces with unknown systems without design documentation. Would the Department consider extending the implementation timeline to allow for interfacing and testing, or allowing bidders to propose a phased implementation?

IDPH must be able to maintain continuity of services and will work with both the existing vendor and the selected vendor to ensure a smooth transition.

3. To what extent will the location of the bidders proposed location or headquarters have a bearing on any award?

The vendor must be in the United States and all services must be provided within the United States.

4. Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

Deviations from the format established in the Budget Template is not acceptable and will result in the submission being classified as non-responsive and their proposal will no longer be considered for award. The posted standardized format in the template allows for equal pricing comparisons across all proposal submissions and cannot be changed at this point in time.

5. Can the State please provide the template for the Business Enterprise Program (BEP) Letter of Intent?

The Letter of Intent is available at the link below:

<https://www2.illinois.gov/cpo/general/documents/letter%20of%20intent%20template%20v.14.1.pdf>

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6. If this is a term contract subject to renewal, what is the term and the maximum number of option periods?

The initial term of the contract will be nine (9) months from the date of contract execution. The term may be extended at the State's discretion.

7. The RFP states the proposal must be submitted as two separate documents, one including the vendor's response as to how it will deliver services and one including pricing information. Attachment C notes the Utilization Plan and Letter of Intent must be sealed and submitted separately. Would the State prefer these documents be submitted with the Technical, Pricing, or as their own in a third submission?

The BEP Utilization Plan and Letter of Intent should be submitted as separate documents in the same email submission with the technical response.

8. Please confirm the proposals are to be emailed to Dawn.Crowhurst@illinois.gov and not DawnDawn.Crowhurst@illinois.gov.

Proposals should be emailed to Dawn.Crowhurst@illinois.gov

9. Is the use of work from home agent an option? If so, what is the percentage of FTE (full-time equivalents) allowed to work from home, and are there any additional security requirements?

The format for the call center should be in the proposal response and supported by vendor documentation detailing the justification for a potential work from home or other options including any security, PHI, and HIPAA requirements necessary to meet State security standards.

10. To provide the most flexibility to the Department, would the Department consider changing the budget template to a cost per Full Time Equivalent (FTE) or Hourly Agent Rate? With the expected ramp-up and ramp-down of staff, this will allow the Department and vendor to quickly adjust the staffing model and bill for the hours worked by staff.

Deviations from the format established in the Budget Template is not acceptable and will result in the submission being classified as non-responsive and their proposal will no longer be considered award. The posted standardized format in the template allows for equal pricing comparisons across all proposal submissions and cannot be changed at this point in time.

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11. What is the total estimated number of FTE to be awarded to a single new Vendor as a result of this RFP initiative? This information is needed for two reasons: 1) to ensure sufficient capacity is available at a proposed location to meet the Department’s potential sizing needs, and 2) needed for total staff calculations (agents and project management) for pricing purposes.

The contract will not be based on number of FTEs.

12. Should postage costs be included into the “Firm Fixed Rate per letter sent”?

Yes.

13. What volume of inbound calls, successful outbound calls, letters sent, and lab and portal integrations will be used for the purposes of cost evaluation?

The information provided in the budget attachment will be used for the purposes of cost evaluation.

14. Can any of the Vendor’s subcontractors operate from outside of the United States?

No. All work must be done within the United States.

15. Will the vendor be expected to operate on state holidays during the 9-month contract period?

Yes, unless otherwise agreed upon by both the State and the vendor.

16. Given the highly variable nature of this work (and the unknown call lengths and mailing volumes), would the State consider a time-and-materials contract, rather than a cost-per-case model? This would allow the State to have a known cost structure and the ability to scale – up or down – as it needs, with no risk to either party.

Responders must provide pricing information using the Budget attachment.

A time-and-materials contract cannot be accepted. All pricing models were considered prior to the issuance of this RFP and the cost-per-case model was selected and cannot be changed at this point in time.

17. Is previous experience with any specific customer information systems, phone systems or software required?

Vendors must have experience operating a call center that provides test results or other medical information to callers. Please review the Mandatory Criteria in the Proposal

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Specification Checklist table for other required experience. Systems to be used are not specified, but the mandatory criteria must be met.

18. “Plan to ensure HIPPA verification on all agent communications, including plan for training agents and methods for ensuring ongoing compliance with HIPPA verification requirement.” Is IDPH acting in the capacity of a HIPPA Covered Entity for purposes of COVID Test Results Notification, thereby requiring the Contractor to execute a Business Associate Agreement? If so, will IDPH please provide a BAA for review?

Yes, a Business Associate Agreement will be necessary. Please see Appendix B.

19. Please confirm that it is against HIPPA to leave a message on a test recipient’s voicemail with their test results.

Voicemail messages may not contain test results. Voicemail messages instruct the resident to return the call.

20. Are the volumes in Appendix A generated from a similar scope of work?

Yes.

Proposed Test Results Notification Process Questions (42)

1. You distinguish “automated” and “manual” dialing. Please define your distinctions of these two approaches.

Automated calls are autodialed with an automated message played with a prompt to select either the option to speak with an agent to receive results or to request a call back. Manual calls are autodialed with an agent responding when the resident picks up.

2. Please define an “automated call system”?

An automated phone system is one that is capable of interacting with callers (e.g., provides a prompt and routes calls accordingly) without human intervention.

3. Please define ‘abandoned calls’

An abandoned call is a call that was not completed because the test recipient terminated the call before reaching an agent.

4. Please define “direct contact with caller” as it pertains to inbound calls.

“Direct contact with caller” is achieved when a live agent speaks with the caller.

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5. Please confirm the direct toll-free number for direct connection/callback to dedicated agents will not be publicized to the general public.

The direct toll-free number is provided to residents at the point of testing.

6. Please provide a complete list of the means of inbound and outbound communication the call center must accommodate.

Inbound and outbound communication must be via phone and mailed letter as specified in the RFP.

7. Can you please share your projected call volume for this opportunity? If the information is available, can the Department also provide any and all metrics you have available?

Expected volume is between 3,000 and 6,000 tests per day with potential for up to 10,000 tests per day. Historical volumes of successful outbound calls, inbound calls, and letters sent are provided in Appendix A along with test volumes.

8. The requirements indicating the vendor shall “achieve 80% of inbound calls answered within 30 seconds service level (<5% abandon rate) on a monthly average. Wait time for callers should be no more than an average of 3-5 minutes.” appear to be contradictory. An allowable wait time average of 3-5 minutes would allow the vendor to perform well below the monthly average of 80% of inbound calls answered within 30 seconds. Further, a wait time average of 3-5 minutes would allow for significantly lower call center staffing than the metric of “80% of inbound calls answered within 30 seconds service level (<5% abandon rate) on a monthly average.” Please confirm that the average wait time requirement should be removed. If it is not removed, please confirm the revised targeted percentage of inbound calls that should be answered and the revised abandon rate.

Section D (a) has been removed in its entirety, (removing average wait time requirements) and the new section D (a) is stated below:

D) Quality and Data. The vendor shall:

- a. Achieve 80% of inbound calls answered within 30 seconds service level (<5% abandon rate) on a monthly average.

9. What is the minimum simultaneous inbound call capacity?

A minimum simultaneous inbound call capacity is not specified but should be sufficient to meet expectations for responsiveness to calls.

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10. What percentage of inbound calls must be answered by a live operator?

Inbound calls may be answered with an automated system providing prompts (e.g., “Press 1 if you are calling to obtain test results”) to the caller. But a live agent must be available to answer the call.

11. Is there a minimum or maximum number of operators and supervisors?

No. But there should be sufficient supervisor/operator ratio to ensure no hinderance or delay in meeting the requirements of the RFP/Contract.

12. What is the required degree of dedication for the call center?

The Call Center must be dedicated to ensure services are provided and requirements in the scope of work are met.

13. What is the required degree of dedication for the operators?

Call agents must be dedicated to ensure services are provided and requirements in the scope of work are met

14. What are the recording requirements for inbound and outbound phone calls and how long must recordings be maintained?

There are no requirements for recording. However, the vendor may record for quality assurances purposes provided that legal requirements are met.

15. What are the recording and storage requirements for non-phone communications?

The vendor must maintain records relating to the performance of the contract for at least three years after the final payment is made.

16. What information is to be included in call logs?

Call logs should include all information necessary to track activities by patient. Vendor shall submit call log format for review and approval by IDPH.

17. Are callers required or allowed to connect with a message verification system or pre-recorded message before connecting to a live operator, or must a live operator be the initial contact?

Yes, a pre-recorded message with prompts (e.g “Press 1 if you are calling to receive test results.”) is allowed.

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18. B) e. what counts as “successfully delivers” the test results – specifically,
- a. does a Voicemail left at the phone number on record count as successful? *(KH – I am assuming so, but maybe incorrectly, given the requirement in D) e. that HIPAA verification is required for call center agent communications, and, therefore not auto-generated ones).*

No. Test results are not to be delivered via voicemail. Voicemail does not count as a successful delivery of the test result.

- b. Are machine generated Voicemails acceptable or are all test results to be provided by an agent, even via voicemail?

All test results are to be delivered by a live agent directly to the resident. Voicemail delivery of test results is not acceptable.

19. Is there a primary unique identifier that test recipients will have from the testing process, and will those be of uniform structure regardless of test result source? Is this identifier numeric or alphanumeric?

Yes, there is a primary unique identifier for each test performed. It is alphanumeric.

20. How many pages should vendors assume are in the notice letters being mailed to recipients?

The letter for positive results is one page, printed front and back. Letters for other results are one page, single sided.

21. What should be the format of all reports and are there any protocols to be followed, especially with reports containing PII data?

Reports must be exportable to Excel and should be sent only to designated IDPH staff.

22. Does daily reporting include Saturday and Sunday, or can those be provided on the next business weekday (i.e., Monday)?

Reports can be provided on the next business day.

23. What is “direct connect” in section B) d. Is it the ability to have the recipient of a auto-generated Voicemail interrupt that and be connected with an agent?

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“Direct connect” allows the recipient of an automated call to select the option of being directly connected with a call agent.

24. Are there TCPA waivers needed for consent and autodialing? Have the recipients of the calls acknowledged in writing that they will receive both autodialed calls that may or may not connect and autodialed voicemails?

IDPH and the successful vendor will address such questions during contracting with the transition to the successful vendor.

25. Does automated dialing mean contact attempt made via automated dialer with automated voice assistance or personal assistance?

Automated dialing should result in the resident having an option to select to be connected to a live agent or to be called back.

26. Can multiple household test results be delivered in one call (not automated, but if an agent is connected?) or should each test result be treated completely independently? Also how are duplicate phone numbers handled, where two test recipients give the same phone number to receive results on?

Test results of members of the same household may be provided to each individual test recipient in a single call (not automated). HIPAA requirements must be met.

If multiple test recipients provide the same phone number, results must be provided directly to each individual. HIPAA requirements must be met.

27. Would a proposed solution that supported test results delivered by web chat be acceptable?

No, web chat is not acceptable.

28. Are results delivery via text and email acceptable, in addition to calls? If we have the ability to digitally deliver results, and know whether the result was viewed, does this count as a successful contact?

No, results may not be delivered via text or email.

29. Please confirm if the call center agent initiates a letter to be mailed by IDPH, or would a letter file be sent by IDPH containing the consumer’s name, mailing address, and letter code, which the Vendor would then process and mail?

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The vendor would initiate and send the letter based on lack of success in reaching the resident by phone to convey positive test results.

30. Please confirm if the information and timing of the letter would be provided via the Department's system, and how the notification of the letter would be entered into said system. Is this a manual or automated process?

The specifications for the timing of the letter being sent is determined by the state. However, the vendor is responsible for establishing and maintaining a system to track calls and to initiate letters in keeping with the scope of work.

31. We understand that if the result is a positive a letter will be mailed by the vendor, but please clarify if any additional notification to the recipient or the State is required?

A letter is to be sent in the case of a positive test result if attempts to reach the resident by phone are not successful as outlined in the scope of work. Additionally, test recipients may request a letter. Beyond the required calls and letters outlined in the scope of work, no additional notification needs to be made to the resident. However, the vendor must be able to report to the State, for each patient, calls made, result of each call, and date of letter (if any).

32. For positive cases, is the Contractor also to provide education regarding quarantine, treatment, etc.?

The vendor will be provided a script to provide the resident with information on isolation, how to obtain more information, and to seek immediate medical care in case of emergency.

33. Is texting a viable solution for communication of test results?

No.

34. Please confirm that English and Spanish are the only languages required.

Please refer to section C.(a). of the RFP.

C) Operations. The vendor shall:

- a. Provide services in both English and Spanish and provide language access services for **other languages** with evidence provided in response to RFP.

35. Does the Department allow the use of language line services if multiple languages are needed? If yes, does the Department supply the language line services, or would the selected Vendor be responsible for those costs?

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Yes, language line services may be used. The vendor is responsible for those costs.

36. Please confirm that the requirement indicating the vendor shall “provide access services for individuals who are deaf or hard of hearing with evidence provided in response to RFP” may be satisfied through the connecting individuals who are deaf or hard of hearing to the Illinois Relay service, <https://www.itactty.org/illinois-relay>; a best practice used by call centers nationwide including Illinois.

Yes, use the Illinois Relay service may satisfy the requirement for serving individuals who are deaf or hard of hearing.

37. Do we need to reconcile the mismatches between Lab partners/ IDPH
- Inconsistency between Lab to Lab
 - Incomplete/missing user contact information

Yes, the vendor will need to reconcile all orders with all orders without results after a designated period has elapsed. This includes orders with incomplete information, lab/specimen collection vendor errors, and results not communicated by the call center to patients.

38. Can the State provide additional information on why there would be missing or unmatched test recipient files? Is the vendor provided with file information that has the recipients test information tied to their contact information? Or is the vendor expected to make this match?

The vendor will be provided with test recipients' contact information in the order, as transmitted. Test recipient files can be unmatched to test results for various reasons. Examples include a labeling error at the testing site, problems with file transmission, and specimens that are not able to be processed. The vendor is responsible for matching test recipient files with test results.

39. Please provide total training length, classroom length, and nesting length, if applicable.

Training is the responsibility of the vendor. Therefore, these are determined by the vendor.

40. Regarding training program, process and technology content, please clarify if the Department is providing the training materials (e.g., instructor training guide and a trainee guide).

Training of call agents is the responsibility of the vendor. The State will provide scripts to the selected vendor.

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41. Would IDPH please provide scripts?

Yes, scripts will be provided and reviewed with the selected vendor.

42. Please confirm the Contractor is not responsible for any further notifications to other State or other vendors so that contract tracing can be initiated.

The vendor must maintain sufficient records to be able to report to the State, for each patient, calls made, result of each call, and date of letter (if any). The vendor is responsible for reporting to the State items noted in section D of the RFP. However, the vendor is not otherwise responsible for reporting to the State for contact tracing.

IT Related Questions (26)

1. Can the State describe the preferred connectivity methods (ACD, MPLS, Bandwidth, Circuits, etc) Please confirm who is responsible for the installation and associated costs?

The vendor must have an existing internet connection and ability to leverage SFTP and/or HL7. The State will not provide internet connections to vendor.

2. Please confirm the Department will provide the vendor's agents with training on the IDPH online portal and EPIC. Please provide information on the length of the training. a. Will the Department provide guidelines for adding and removing Lab Partners? b. Please provide the number of Lab Partners requiring integration.

a. Training and support for EPIC integration will be provided to the vendor, but does not involve call center agents.

b. There are 3 labs requiring integration at this time.

3. Please provide additional details around each of the required interfaces, including purpose, method of connectivity, and interface and data set details.

The interface from the state online portal to the vendor will provide test orders collected at test sites each day. This is sent via SFTP and HL7 files. The interface from the labs to the vendor will provide test results from the labs. These interfaces are typically also SFTP and HL7 but can also be SFTP of csv files.

4. Are there any systems that the Contractor's staff are expected to use (e.g., to log completed outreach calls, close a case, etc.)? If so., please describe each system and when it is used.

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The State will not specify the system(s) to be used.

5. If there are any systems the Contractor's staff are expected to use, please indicate if there are any license fees the Contractor will need to pay.

The State will not specify the system(s) to be used. Any licensing fees incurred by the vendor will need to be paid by the vendor.

6. If there are any systems the Contractor's staff are expected to use, please indicate the connectivity requirements for each system.

The State's online portal, EPIC is hosted by Pointcore. An internet connection is required and computers capable of running Citrix virtual hosting software

7. How many separate files will the Contractor need to accept?

Currently, 4 files per day will need to be accepted.

- a. **1 file from state portal for test orders for all labs**
- b. **3 test results files, 1 each from 3 labs daily**

8. Please provide the data fields on each file.

See Appendix C Data Fields.

9. Please list the specific HL7 standards and versions that will be used by IDPH and lab partners.

HL7 2.3

10. Please provide the workstation requirements, including: a. Monitor requirements, (e.g. number of monitors required for each agent, monitor size, resolution, processor speed, operating system, RAM volume) b. Office applications and PDF readers, etc. c. who provides the toll-free number(s) to be used for this program? d. Who pays for the long distance (the Department of the Vendor)? e. Is the Vendor required to provide the voice/data circuits or will the Department supply those? f. Please provide the bandwidth requirements per user.

- a. **The State will not make specifications regarding monitors or computer systems.**
- b. **The State will not make specifications regarding applications.**
- c. **The vendor provides the toll-free number.**
- d. **The vendor pays for long-distance.**
- e. **The vendor provides the voice/data circuits.**
- f. **The State will not make specifications regarding bandwidth**

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11. Can IDPH please provide clarification around the requirements concerning integration with online portals and what specific type of data is needed to pass to the online portals? Is there a predetermined method for passing data real time such as REST or SOAP or is this expected to be a batch process (SFTP)? Please confirm that the IDPH portal may be integrated with lab vendors and EPIC to collect test results and share them with IL residents. Is it the expectation of IDPH that the selected vendor will be responsible for the data integration between these sources?

Yes, vendor is responsible for all integration with state portal and lab partners. The integrations today are all SFTP and using HL7 or CSV formats.

The interface from the state online portal to the vendor will provide test orders collected at test sites each day. This is sent via SFTP and HL7 files. The interface from the labs to the vendor will provide test results from the labs. These interfaces are typically also SFTP and HL7 but can also be SFTP of csv files.

12. Is the integration with IDPH and/or EPIC done via the internet?

Yes, through SFTP transferring HL7 protocol text files.

13. Are test results currently fed into a contact tracing system? Is the ingestion directly from the results, or is it mediated by an HIE or other transitional data base? What platform is the contact tracing system using for case management (e.g., Salesforce?)?

Test results are fed into a contact tracing system, but not via the COVID-19 Notification Center and is not applicable to this RFP.

14. Do IDPH or the lab partners have an EPIC implementation that we would need to integrate with?

Yes.

15. What will be the format of Test result files that will feed into our application? Will the formats be same for all IDPH as well as all the lab partners?

Please see Appendix C Data Fields

16. Are all labs using consistent output file formats with standard fields?

Labs are using consistent formats.

17. Is there a requirement for users to access a self-service portal to obtain their test results upon verification?

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A patient portal is available to residents to receive test results. But there is no requirement for residents to use a patient portal to receive test results

18. Could we use an API for integration or just SFTP?

No API functionality is expected to be used. All transfers are batch SFTP.

19. Would there be a separate SFTP/ HL7 required for each partner?

Yes.

20. What version of HL7 will be used?

HL7 2.3

21. To be compliant with HIPAA, do we need a gov cloud set up? Please confirm that FedRAMP is not required.

HIPPA compliant does not require FedRAMP. The vendor must assure compliance with the Health Insurance Portability and Accountability Act.

22. Is it acceptable for caller to use their own devices using a cloud-based case management system?

The format for the call center should be in the proposal response and supported by vendor documentation detailing the justification for use of a cloud-based case management system, including any security and HIPAA requirements necessary to meet State security standards.

23. What would be the source of preload data for preferred language by case/person?

The test recipient file from Epic includes the individual's preferred language.

24. Do we get the source data through IDPH or Lab partners?

Both. The interface from the state online portal to the vendor will provide test orders collected at test sites each day. This is sent via SFTP and HL7 files. The interface from the labs to the vendor will provide test results from the labs. These interfaces are typically also SFTP and HL7 but can also be SFTP of csv files.

25. Is there a high-level process flow or dataflow available?

IDPH is unable to provide this information at this time. Additional information will be provided to the successful vendor during vendor transition.

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26. Which online portals would you like the vendor to integrate with? What information would IDPH like to capture from online portals?

EPIC which is hosted by Pointcore Health. The online portal will send the COVID-19 test order information to the vendor. Fields were outlined in 6 above.